

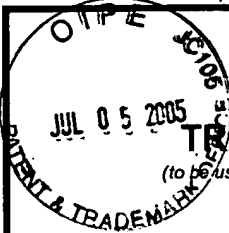
Please type a plus (+) sign inside this box -



PTO/SB/21 REV 1 (12/97)

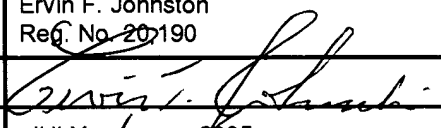
Approved for use through 09/30/2000. omb 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

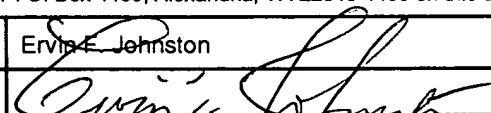
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/627,293	
	Filing Date	07/25/2003	
	First Named Inventor	Gill	
	Examiner Name	Ahmed N. Sefer	
	Group Art Unit	2826	
Total Number of Pages in This Submission	2 + postcard	Attorney Docket Number	HSJ920030029US1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement ___ PTO Form 1449 ___ (no.) cited references	<input type="checkbox"/> Change of Correspondence Address	<u>POSTCARD</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<u>PHONE NUMBER CHANGES</u>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> PTO Form 1533		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Ervin F. Johnston Reg. No. 20190
Signature	
Date	JULY 1, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>JULY 1, 2005</u>			
Typed or printed name	Ervin F. Johnston		
Signature		Date	JULY 1, 2005



)  
)  
) Group No.: 2826  
)  
) Examiner: Ahmed N. Sefer  
)  
) Docket No. **HSJ920030029US1**  
)  
)  
)  
)  
)

Telephone: 808-661-1195 (Voice)  
619-602-4597 (Cell)  
808-661-1198 (Fax)